



PTO/SB/51 (12-97)  
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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

140-035

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,712,479, granted January 27, 1998, and for which a reissue patent is sought on the invention entitled SPATIAL-VELOCITY CORRELATION FOCUSING IN TIME-OF-FLIGHT MASS SPECTROMETRY

the specification of which

☒ is attached hereto.

☐ was filed on \_\_\_\_\_ as reissue application number \_\_\_\_ / \_\_\_\_\_  
and was amended on \_\_\_\_\_  
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☐ by reason of other errors.

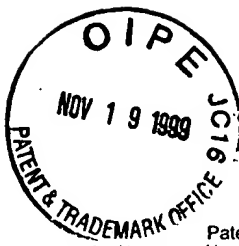
At least one error upon which reissue is based is described as follows:

Subject matter described in the specification as originally filed was mistakenly omitted from the claims.

New claims 13 through 25, which have been copied from Vestal et al. U.S. Patent No. 5,760,393, which issued on June 2, 1998, are also fully supported by the specification as originally filed.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)  
140-035

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s) Registration Number

John W. Olivo Jr., Esq. 35,634

John F. Ward, Esq. 33,811

Correspondence Address: Direct all communications about the application to:

☐ Customer Number

OR

Type Customer Number here

Place Customer Number Bar  
Code Label here

<input checked="" type="checkbox"/> Firm or Individual Name	Ward & Olivo				
Address	708 Third Avenue				
Address					
City	New York	State	NY	ZIP	10017
Country	USA				
Telephone	(212) 697-6262	Fax	(212) 972-5866		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

James P. Reilly

Inventor's signature

*James P. Reilly*

Residence

Bloomington, Indiana, USA

Date

November 12, 1999

Post Office Address

1001 Nota Drive Bloomington In 47401

Citizenship

USA

Full name of second joint inventor (given name, family name)

Steven M. Colby

Inventor's signature

Date

Residence

Citizenship

Post Office Address

Full name of third joint inventor (given name, family name)

Timothy B. King

Inventor's signature

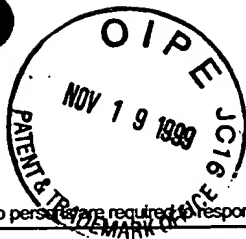
Date

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☐ Additional joint inventors are named on separately numbered sheets attached hereto.



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Full name of sole or first inventor (given name, family name)

James P. Reilly

Inventor's signature

Residence

Date

Post Office Address

Citizenship

Full name of second joint inventor (given name, family name)

Steven M. Colby

Inventor's signature

Date

Nov. 09, 1999

Residence

1385 San Domingue Dr.  
Mountain View, CA 94043

Citizenship

USA

Post Office Address

Same

Full name of third joint inventor (given name, family name)

Timothy B. King

Inventor's signature

Date

Residence

Citizenship

Post Office Address

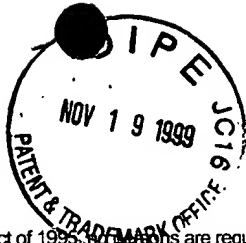
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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)		Docket Number (Optional) 140-035	
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Name(s)		Registration Number	
John W. Olivo Jr., Esq.		35,634	
John F. Ward, Esq.		33,811	
Correspondence Address: Direct all communications about the application to:			
<input type="checkbox"/> Customer Number		→ Place Customer Number Bar Code Label here	
OR Type Customer Number here			
<input checked="" type="checkbox"/> Firm or Individual Name	Ward & Olivo		
Address	708 Third Avenue		
Address			
City	New York	State	NY ZIP 10017
Country	USA		
Telephone	(212) 697-6262	Fax	(212) 972-5866
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Inventor's signature			
Residence	Date		
Post Office Address	Citizenship		
Full name of second joint inventor (given name, family name) Steven M. Colby			
Inventor's signature		Date	
Residence	Citizenship		
Post Office Address			
Full name of third joint inventor (given name, family name) Timothy B. King			
Inventor's signature		Date November 11, 1999	
Residence	Citizenship US		
Post Office Address 23306 Edmonds Way, Apt. G105, Edmonds, WA 98026			
<input type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.			



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**REISSUE APPLICATION DECLARATION BY THE ASSIGNEE**

Docket Number (Optional)

140-035

I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I am authorized to act on behalf of the following company: Advanced Research & Technology Institute, Inc.  
and the title of my position with said company is: President

The entire title to the patent identified below is vested in said company.

Name of Patentee(s):

James P. Reilly; Steven M. Colby; Timothy B. King

Patent Number

5,712,479

Date Patent Issued

January 27, 1998

Title of Invention

Spatial-Velocity Correlation Focusing in Time-of-flight  
Mass SpectrometryI believe said patentee(s) to be the original, first and sole or joint inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled Spatial-Velocity Correlation Focusing in Time-of-Flight Mass Spectrometry the specification of which☐ is attached hereto.☒ was filed on June 1, 1999 as reissue application number 09/ 324,098  
and was amended on \_\_\_\_\_

(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

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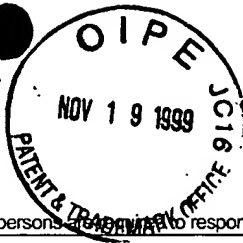
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## (REISSUE APPLICATION DECLARATION BY THE ASSIGNEE, page 2)

Docket Number (Optional)

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Name(s)

Registration Number

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35,634

John F. Ward

33,811

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☐ Customer Number

Type Customer Number here

Place Customer  
Number Bar Code  
Label here

OR

Firm or  
Individual  
Name

WARD &amp; OLIVO

Address

708 Third Avenue

Address

City

New York

State

NY

ZIP

10017

Country

USA

Telephone

(212) 697-6262

Fax

(212) 972-5866

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of person signing (given name, family name)

Ronald D. Henriksen

Signature

Ronald D. Henriksen

Date

November 11, 1999

Residence

Avon, Indiana

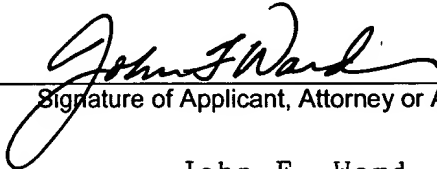
Citizenship

USA

Post Office Address

6642 E. CR 200 N.  
Avon, IN 46123

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional)		
<b>Claims as Filed - Part 1</b>								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A)	Total Claims (37 CFR 1.16(j))	(B)	****	= x \$	=	or	x \$ =	
(C)	Independent Claims (37 CFR 1.16(i))	(D)	*	= x \$	=		x \$ =	
Basic Fee (37 CFR 1.16(h))					\$		\$	
Total Filing Fee					\$	OR	\$	
<b>Claims as Amended - Part 2</b>								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	=	x \$ =	or	x \$ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ =		x \$ =	
Total Additional Fee					\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p>								
June 1, 1999		 Signature of Applicant, Attorney or Agent of Record  John F. Ward Typed or printed name						
Date								